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- COMM. ADVISORY
- RECYCLING.
- TELECOMMUNICATIONS.

**COMMISSION APPLYING FOR ↑**  
**Senior Advisory Commission applicants**  
**only: are you a member of Milpitas Senior**  
**Center?** YES ☒ NO ☐

Name: 8 First CHEN Middle  Last

Address: 767 PACHECO DRIVE, MILPITAS, CA 95035

408 829 4224 hchen@steinbergarchitects.com  
Telephone Number(s) e-mail address

Are you a registered voter? ☒

How long have you lived in Milpitas? 20+ yrs P/T

STEINBERG ARCHITECTS 408-817-3142  
Present Employer Business Telephone

Address	60 PIERCE AVENUE SAN JOSE, CA 95110	ARCHITECT Occupation
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**Education:** If Youth Advisory Commission applicant, indicate your grade/school: \_\_\_\_\_

College, Professional, Vocational, or other schools attended	Major Subject	Date	Degree
U.C. BERKELEY	ARCHITECTURE	1983	M.Arch
AMHERST COLLEGE		1979	BA


List community organizations to which you belong or have belonged (additional information may be attached):

Date	Name of Organization	Officer / Member
2001-PRES.	AMERICAN INST. OF ARCHITECTS SCHOLARSHIP CMTE	SCValley OFFICER
2003(?)	" " " SUSTAINABLE	MEMBER

Briefly describe the personal qualifications you possess which you believe would be an asset (additional information may be attached):

MY PROFESSION BY ITS NATURE HAS INVOLVED ME WITH LOCAL & DISTANT COMMUNITIES FOR YEARS. I HAVE <sup>DESIGNED</sup> ~~DESIGN~~ MANY SUCCESSFUL COMMUNITIES OVER THE YEARS. HELPED.

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed to fill a future vacancy. I hereby certify that all statements contained in this application are true.

  
Signature

12-13-05  
Date

**APPROVAL:** All commissions or Committees are made by the Mayor with the concurrence of the City Council. **APPLICATIONS:** Applications not **RENEWAL:** Applications expire after one year from the date submitted unless renewed by the applicant.

DEC 13 2005

NOTE: ALL COMMISSION APPLICATIONS ARE PUBLIC RECORD

Mail or drop off your completed application to the City Clerk, 455 E. Calaveras Blvd., Milpitas, CA 95035

**RECEIVED**  
 Communications Application.doc

10/07/2005

**Donna Biles**

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**From:** Donna Biles  
**Sent:** Tuesday, December 13, 2005 2:57 PM  
**To:** 'hchen@steinbergarchitects.com'  
**Subject:** Your Application

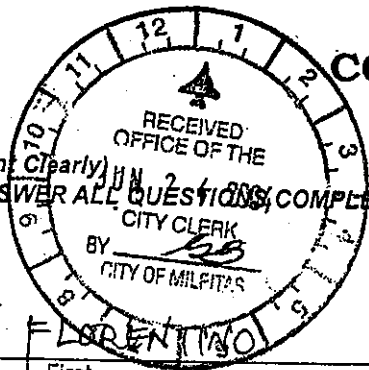
Dear Hong:

Thank you for your application to the Community Advisory Commission, Recycling and Source Reduction Advisory Commission and the Telecommunications Commission. When a vacancy occurs on this Committee, your application will be considered together with all applications on file.

For your information, applications expire one year from the date submitted unless renewed by the applicant.

Should you have any questions, please call me at 586-3003. Again, thank you for your interest in serving your community.

Sincerely,  
Donna Biles  
Deputy City Clerk



# CITY OF MILPITAS COMMUNITY SERVICE APPLICATION

(Type or Print Clearly)  
PLEASE ANSWER ALL QUESTIONS COMPLETELY

Senior Advisory Commission  
COMMISSION APPLYING FOR

If applying for Senior Advisory  
Commission, are you a Member of the  
Milpitas Senior Center? YES NO

Name: First FLORENTIN Middle G. Last MENOR

Address: Number 1694 Street Starlite Drive City Milpitas State CA Zip 95035

Home Telephone 408-946-3712

e-mail Address Glymar@aol.com

Are you a United States Citizen? no

How long have you lived in Milpitas? 20 years

Present Employer Self-employed

Business Telephone 408-946-8705

Address 623 Main Street, Milpitas

Occupation Baker / Owner

Education: If applying for Youth Advisory Commission, please indicate grade/school: \_\_\_\_\_

College, Professional, Vocational, or other schools attended	Major Subject	Date	Degree
<u>Orellana University - Phils</u>	<u>Nursing</u>	<u>1977</u>	<u>B.S.N.</u>

List the community organizations to which you belong or have belonged (additional information may be attached):

Date	Name of Organization	Officer / Member
<u>1994-</u> <u>Present</u>	<u>Association of Businesses in CA</u>	<u>Officer</u>

Briefly describe the personal qualifications you possess which you feel would be an asset (additional information may be attached):

Previous experience in Dept of Health Services as Health  
Facilities Evaluator Nurse - advocated rights of  
elderly and seniors.

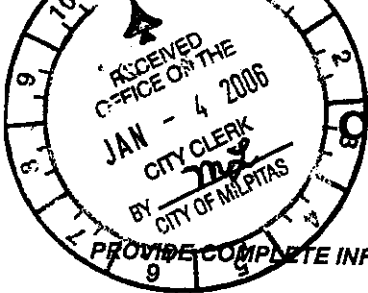
I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed to fill a future vacancy. I hereby certify that all statements contained in this application are true.

Florentin Menor  
Signature

6/20/54  
Date

Appointments to Commissions / Committees are made by the Mayor with the concurrence of the City Council. Applications not acted upon will expire after two years from the date submitted unless renewed by the applicant.

NOTE: ALL COMMUNITY SERVICE APPLICATIONS ARE PUBLIC RECORD  
Mail directly to: City Clerk, 455 E. Calaveras Blvd., Milpitas, CA 95035



# CITY OF MILPITAS COMMISSION/COMMITTEE APPLICATION

SENIOR ADVISORY COMMISSION  
COMMISSION APPLYING FOR ☒ **Senior Advisory Commission applicants only: are you a member of Milpitas Senior Center?** YES/NO

Name: WILLIAM First EDWARD Middle CONNOR Last

Address: 1515-77 Number N. MILPITAS BLVD Street Apt. #

Telephone Number(s) (408) 956-1440

e-mail address

Are you a registered voter? YES

How long have you lived in Milpitas? 15 YEARS

Present Employer RETIRED

Business Telephone

Address N/A

Occupation

Education: If Youth Advisory Commission applicant, indicate your grade/school:

College, Professional, Vocational, or other schools attended	Major Subject	Date	Degree
<u>PAINT TECHNICAL INSTITUTE</u>	<u>ELECTRONICS</u>	<u>1957</u>	<u>ENG</u>
<u>JOHN WOOD MARTIN</u>	<u>ELECTRONICS</u>	<u>1957</u>	<u>CERTIFICATE</u>

List community organizations to which you belong or have belonged (additional information may be attached):

Date	Name of Organization	Officer / Member
<u>PRESENT</u>	<u>MILPITAS BRASSERESSA CHAPTER</u>	<u>BOARD</u>
<u>PRESENT</u>	<u>MILPITAS CHAMBER OF COMMERCE</u>	<u>PRESIDENT</u>
<u>PRESENT</u>	<u>LIVE OAKS ADULT DAY CARE</u>	<u>MEMBER</u>
<u>PRESENT</u>	<u>SOUTH BAY TRADITIONAL JAZZ SOCIETY</u>	<u>BOARD</u>

Briefly describe the personal qualifications you possess which you believe would be an asset (additional information may be attached):

I TRAVEL THE USA AND THE WORLD VISITING  
BEAUTIFUL & INTERESTING CITIES, TOWNS & VILLAGES. I WOULD  
LIKE TO USE THIS INFORMATION TO INCORPORATE DIFFERENT  
& NEW IDEAS TO MAKE MILPITAS MORE MULTI-CULTURED.

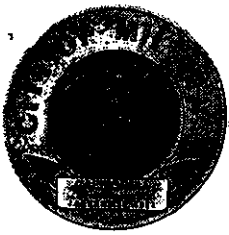
I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed to fill a future vacancy. I hereby certify that all statements contained in this application are true.

Signature [Signature]

Date 12/10/05

Appointments to Commissions or Committees are made by the Mayor with the concurrence of the City Council. Applications not acted upon will expire after one year from the date submitted unless renewed by the applicant.

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Mail or drop off your completed application to the City Clerk, 455 E. Calaveras Blvd., Milpitas, CA 95035



# CITY OF MILPITAS

455 EAST CALAVERAS BOULEVARD, MILPITAS, CALIFORNIA 95035-5479  
GENERAL INFORMATION: 408-586-3000, TDD: 586-3013, [www.ci.milpitas.ca.go](http://www.ci.milpitas.ca.go)

January 6, 2006

Mr. William Edward Connor  
1515-77 N. Milpitas Blvd.  
Milpitas, CA 95035

Dear Ed:

Thank you for your application for the Senior Advisory Commission. When a vacancy occurs on this Commission, your application will be considered together with all applications on file.

For your information, applications expire one year from the date submitted unless renewed by the applicant.

Should you have any questions, please call me at 586-3003. Again, thank you for your interest in serving your community.

Sincerely,

A handwritten signature in cursive script, reading "Donna Biles", is positioned above the typed name.

Donna Biles  
Deputy City Clerk